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## Disordered Eating/Eating Disorder: Hidden Perils of the Nation's Fight against Fat

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*The nation's fight against fat has not reduced obesity, but it has had other worrying effects. Mental health researchers have raised the possibility that the intense pressures to lose weight have heightened the risks of developing eating disorders, especially among the young. Medical anthropology can help connect the dots between the war on fat and disordered eating, identifying specific mechanisms, pathways, and contextual forces that may lie beyond the scope of biomedical and psychiatric research. This article develops a biocitizenship approach that focuses on the pathologization of heaviness, the necessity of having a thin, fit body to belonging to the category of worthy citizen, and the work of pervasive fat-talk in defining who can belong. Ethnographic narratives from California illuminate the dynamics in individual lives, while lending powerful support to the idea that the battle against fat is worsening disordered eating and eating disorders among vulnerable young people. [war on fat, eating disorder, biocitizenship]*

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Fifteen years ago, the U.S. surgeon general launched a national campaign to stanch the post-1980s rise in obesity among Americans. Framed by a narrative in which obesity was harming the nation's health, rising health care costs, and lowering economic productivity, the surgeon general's call to action sought to mobilize all social forces—from schools to doctors, families, communities, and corporations—to fight fat, especially among children and adolescents. Because it tapped into a deep-seated cultural and moral antipathy toward fat (Farrell 2011), the public health campaign against obesity soon mushroomed into a society-wide war on fat, in which fighting excess pounds has become a major medical, cultural, and political preoccupation.

The war on fat has had little effect on obesity, but it has had other, unintended consequences that matter. Fat stigma and size discrimination, which have increased in recent years (Andreyeva et al. 2008; Tomiyama et al. 2015) have been deeply damaging to their victims, worsening their social, economic, romantic, and health prospects (Fikkan and Rothblum 2011; McCullough 2013; Puhl and Heuer 2009; Puhl and Latner 2007). By making weight central to personal identity and social value, the battle against excess pounds has also left those whose bodies do not fit

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the norm with spoiled identities in which the person no longer sees him- or herself as a good, socially worthy person, and suffers accordingly (Greenhalgh 2015; Rice 2007).

Recent research has raised another troubling possibility: that the intense pressures to lose weight have heightened the risks of developing eating disorders, especially among the young. This is plausible, since perceived pressure to be thin, pursuit of the thin ideal, weight concerns and body dissatisfaction, and dieting—all promoted by the campaign against obesity—are well-documented risk factors for the future onset of eating disorder symptoms and eating disorders (Stice et al. 2010). Although this possibility has received little attention from the obesity research establishment,<sup>1</sup> the research and clinical segments of the disordered eating community have expressed growing concern. The survey research of Dianne Neumark-Sztainer and colleagues (2012) reveals a striking prevalence of dieting, self-weighing, and disordered eating behaviors among middle and high school students, traceable in part to family-based weight teasing and encouragement to diet (Neumark-Sztainer et al. 2012). Other research suggests that school-based obesity prevention programs could be inadvertently worsening disordered eating patterns (Galloway and Moffatt 2013; Wagerson 2012).

Some of the most striking evidence for such a connection comes from the work of clinicians specializing in eating disorders. These scholars have uncovered a large category of female children and adolescents who have lost significant amounts of weight and suffer all the physical and psychiatric complications of anorexia nervosa, yet do not meet the formal weight-loss criterion necessary for a diagnosis of anorexia (Hudson et al. 2012; Peebles et al. 2010; Pinhas et al. 2011).<sup>2</sup> In the past, these cases of anorexia-in-all-but-weight would likely have been underreported and/or classified as EDNOS (eating disorders not otherwise specified), a broad, heterogeneous category about which little is known, but which had generally been assumed to be less severe than anorexia (Peebles et al. 2010). Research conducted in several Euro-American countries has shown that this previously unrecognized condition actually poses serious, even life-threatening, complications—from growth delay to unstable vital signs—that require patient hospitalization. And the incidence may be increasing, due in part to the extreme weight-loss pressures of the obesity epidemic (Whitelaw et al. 2014). Specialists are concerned that there may be many more such cases of eating-troubled youngsters who could be getting help, yet remain unidentified and so undiagnosed (Sim et al. 2013).

Compared to the health and economic costs of obesity itself, costs such as these that are associated with the *fight against obesity* have received scant scientific or public attention. As Lisa Rubin and Jessica Joseph (2013) have explained, major tensions exist between the obesity and eating disorder (below ED) prevention fields. Even as those in the obesity field worry that people are too heavy and need to feel greater body dissatisfaction to be motivated to thin down, the ED community is concerned that the intense pressure on people to become thin and achieve an ideal weight is fostering the kinds of body dissatisfaction and dysfunctional eating that often lead to eating disorders. Despite the continued power of the obesity epidemic discourse, the issue seems to be coming into its own now, at least among eating disorder specialists, with some in the obesity community joining the conversation (Puhl et al. 2014).

Mirroring the general treatment of obesity and eating disorders—which has defined them as ontologically distinct entities—the anthropological literatures on these two sets of eating problems have developed as distinct strands of inquiry. In anthropology, the topic of obesity has historically belonged to biological or biocultural specialists (e.g., Brewis 2011; Ulijaszek and Lofink 2006) who, in Moffatt's (2010) view, have tended to ignore the epidemic or to work on the margins of the medical field studying the determinants of obesity. Sociocultural anthropologists have only recently begun to work on obesity and, with a few exceptions, have not focused on the war on fat (Kulick and Meleney 2005; McCullough and Hardin 2013; an exception is Greenhalgh 2012). Much of the anthropological work on eating disorders in Western societies has focused on subjects diagnosed as anorexic and examined questions of cultural meaning, feminine subjectivity, and therapeutic practice in residential treatment centers (e.g., Gremillion 2003; Lester 2007; Warin 2010). Neither group has investigated possible links between the anti-obesity efforts and eating disorders (a prominent exception is Becker 2013). To my knowledge, anthropologists have not yet studied that larger, poorly understood class of disorders known as EDNOS, where the connections to the war on fat might be most visible.

Despite the lack of attention to date, anthropology has important contributions to make to these emerging discussions. First, with its intimate ethnographic data, anthropology can empirically tie specific dynamics of the war on fat to specific physical and mental health outcomes. The survey research described above, while including relatively large numbers of subjects, infers causal connections from associational data. The clinical data are compelling, but without detailed personal histories of the patients, it is difficult to connect their eating disorders directly to pressures of the war on fat. Second, with its complex theories of biopolitics, medicalization, discourse, and embodiment, anthropology can analytically connect the dots between the fight against obesity and trends in disordered eating/eating disorders, identifying specific mechanisms, pathways, and contextual forces that may lie beyond the scope of biomedical and psychiatric research.

In *Fat-talk Nation: The Human Costs of America's War on Fat* (Greenhalgh 2015), I develop a theoretical framework for understanding the troubling effects of the war on fat on subjectivity, bodily health, and social relationships. In this article I extend that framework, connecting the war on fat to the emergence of eating disorders. Although my discussion builds on core concepts in medical anthropology (medicalization, for example), two more specific insights in the literature on eating and weight have proven especially critical. In her landmark study, *Fat Talk: What Girls and Their Parents Say about Dieting*, Mimi Nichter (2000) drew on her early 1990s research among Arizona teens to highlight the central role of fat talk in negotiating personal identity and social status among peers. Her conclusion—that excessive dieting and eating disorders are not that serious among teens—is unlikely to hold in an era dominated by a full-blown public health campaign against the newly declared “disease” of childhood obesity. Yet the book's central insights about the importance of fat-talk remain highly relevant today (see, e.g., Taylor 2011). A second powerful insight is the centrality of relatedness in weight management and disordered eating at both ends of the weight spectrum (a key study is Becker 1995 on Fiji). In work on the United States and other Western settings, this idea is central to the work of Nichter on teen life, but it also important in research on eating disorders.

In *Abject Relations: Everyday Worlds of Anorexia*, Megan Warin (2010) argues that the development and stubborn persistence of anorexia are best understood as rooted in relationship issues that young women have, initially with family members and later with other anorexics. These insights are crucial to my arguments below.

I begin by mapping out a biocitizenship analysis of the links between the war on fat and eating disorders. The next section introduces a set of ethnographic narratives that allow us to see the connections with special clarity. The following four sections present extended excerpts from narratives that illuminate some of the most important pathways. Two concluding sections draw together the main findings and map out directions for future research.

### Virtuous Biocitizens and an Unacknowledged Biomyth: The Makings of an Explosion of DE/ED

In *Fat Shame*, her important history of fat culture, Amy Farrell (2011) shows that since around 1900, fatness has been deemed a moral and political travesty, while thinness has been a requirement for inclusion in the category of good Americans deemed worthy of a place in the public sphere and the rights and duties of citizenship. Social theorists have called this new kind of political belonging connected to one's bodily attributes—in this case weight—biocitizenship (Rose and Novas 2005). Since the mid-20th century, and especially the last 20 years, weight has been progressively medicalized, with overweight and obesity deemed diseases in themselves as well as causes of other diseases (Jutel 2006; Moffatt 2010; Sobal 1995). Framing excess weight as a threat to the nation, the public health campaign launched in 2001 sought to mobilize every major institution of American society to join the fight against fat, especially among the young. The result has been a veritable explosion of fat-talk (hyphenated), understood here as communications of all sorts about weight—spoken words, written texts, visual images, and moving videos—along with the associated practices, such as dieting, exercising, and many more.<sup>3</sup> As the public health campaign has grown into a massive, society-wide war on excess pounds, fat-talk has become an inescapable part of our political, cultural, social, and economic worlds, intensifying the cultural and moral derogation of fat (Boero 2012; Saguy 2013).

Today's war on fat continues to equate thinness with deservingness, but it is more ambitious. Reflecting the expansion of the requirements for belonging to include fitness, the war on fat seeks to transform all Americans into what I call thin, fit biocitizens.<sup>4</sup> Good biocitizens are rewarded with cultural approval, social inclusion, and political recognition. Those who fail to achieve the thin, fit body are deemed bad citizens, deserving of condemnation, stigmatized identities, and social exclusion. Good biocitizens are charged not only with dieting, exercising, and maintaining medically normal weight themselves, but they are also expected to become active agents of the campaign who strategically deploy fat-talk to encourage others to do the same. This second duty of converting others, briefly mentioned by Halse (2009), turns out to be a vital pathway by which the war on fat inadvertently produces its wider effects, including enhanced risk of disordered eating.

A complex linguistic formation, fat-talk can be pedagogical or informative, or it can be abusive. Important for understanding the development of eating disorders, we can identify two analytically distinct (though empirically overlapping) processes

of social inclusion/exclusion, each involving a different agent of fat-talk. In the first, a well-meaning medical professional offering a diagnosis of overweight or obese both informs patients that they are unhealthy and tells them that they do not fit the standards for a normal, healthy American. The message is that the person is not a good citizen and does not deserve to be included in the wider community of valued persons. One of my informants, who picked up this message, had this reaction: “My life revolves around maintaining a body weight that fits the BMI standards. I feel as if I am not a legitimate part of society if I cannot keep my weight down.”

With the proliferation of health news about weight-based diseases and their consequences (Boero 2012; Saguy 2013), medical fat-talk and its messages are ubiquitous, subtly or not so subtly informing cultural ideas about weight. The fat-talk of the physician is complemented and amplified by fat-talk coming from other segments of society with health and other concerns about weight (aesthetic, moral, and so on). In a climate in which fatness marks a person as unworthy in almost every respect, and fat people are said to be “unhealthy” and “harming all of us,” groups of many kinds—from family to kin group to peer group to community—take thinness as a criterion for membership and use pedagogical fat-talk to persuade the nonconforming to thin down. Failing that, they turn to abusive fat-talk, marginalizing and threatening to exclude those who do not take heed. In this second process of inclusion/exclusion, parents, kin, teachers, peers, and other members of people’s social circles use both kinds of fat-talk to exclude the “unworthy” from core groups in American society. With the two processes of weight-based exclusion building on and reinforcing each other, fatness has become an almost intolerable way of being in the world.<sup>5</sup>

Equally important to the development of disordered eating is that, for most individuals, there are few if any safe and reliable ways to achieve long-term weight loss.<sup>6</sup> Despite this dismal truth, most Americans believe that weight is under individual control and that anyone can lose weight if he or she tries hard enough. I call this belief—described by Anne Becker as “inexhaustible consumer optimism in personal agency vis-à-vis weight” (2013:36)—a biomyth.

This widespread biomyth of individual control over body weight plays a critical role in the development of eating disorders. Unaware of the health risks posed by extreme diet and exercise programs, heavy young Americans, under intense social and cultural pressure to lose weight and desperate for the social acceptance that comes with a thin body, seek to shed excess pounds through diets, exercise, and other readily available means. When those methods don’t work or stop working, they redouble their efforts, turning to disordered and other dangerous methods whose effects are not fully appreciated.

In this article, I explore this process in the lives of individuals targeted for demeaning fat-talk. From the vantage point of such a person, the process of developing an eating disorder generally unfolds in three analytically distinct (though empirically intertwined) steps. In the first, a young person is subject to pedagogical and/or abusive fat-talk by a physician and/or members of one or more important social groups (parents, peers, and so on). Internalizing the message, and seeking to shed a damaging identity and avoid social rejection, the person then begins to craft a fat-narrative in which his or her problems are caused by excess weight and can be

solved only through weight loss. Third, taking this narrative as a guide to action, the target attempts to lose weight by readily available means; when those fail, he or she tries riskier methods that may quietly become part of daily life, eventually turning into an eating disorder.

Below, I explore this process ethnographically and ask a series of related questions. First, what kind of fat-talk do various groups use to shame fat people, pedagogical or abusive? Second, among those who turn to disordered eating, who goes on to develop a full-fledged eating disorder and who, if anyone, is able to pull back from the brink? Third, are those who turn to extreme weight-loss methods aware of the risks to their mental and bodily health? Finally, are the patterns of disturbed eating and distress enduring or are they limited in time?

### The California Body Politics Project

In 2010 and 2011, I offered extra credit to students in my course “The Woman and the Body” at the University of California, Irvine, for writing an ethnographic essay on how issues of diet, weight, and the BMI play out in the life of a person they know well. Roughly half the class (of 274 in 2010 and 332 in 2011) wrote essays of three to 12 pages in length. Three-quarters wrote auto-ethnographies about their own experiences; the rest wrote about siblings, parents, or friends. Realizing the extraordinary power of the essays, I sought IRB approval to use them and then obtained permission from each student to use his or her work. I ended up with 222 essays featuring the experiences of 234 individuals. Of these accounts, 160 included enough detail on eating, exercising, and bodily effects to allow close look at the questions posed above.

The subjects of these ethnographies were an economically diverse group of mostly young people based primarily in Southern California. Mirroring the ethnic make-up of the area, 82% were hyphenated Americans of Asian, Hispanic, and Middle Eastern background. Because of space limitations, I leave discussion of differences by age, gender, and ethnicity for elsewhere.

Narrative data of this sort offer particular advantages in the study of the unintended effects of the war on fat. Because they present historically ordered narratives about individual lives and describe the motivations for using weight-loss practices, the essays allow us to see connections between specific pressures to lose weight, particular weight-loss practices, and various forms of bodily harm. These data have limitations as well. Unlike a survey, in which respondents are asked to answer questions about all practices they have used and all effects experienced, the essays include only the information their authors considered important to their stories. The data on weight-loss practices and bodily effects are thus neither systematic nor complete and, in general, understate the extent of both. Still, even such partial information is illuminating and can be used to develop hypotheses for more systematic exploration in the future.

Home to Hollywood and Orange County, Southern California is the epicenter of the national cult of the perfect body. Although the standards are tougher and the pressures to have perfect bodies are more intense, Californians have the same dreams as other Americans (getting the good body to get the good life) and communicate in

the same kind of fat-talk, allowing the region to serve as a microcosm of the forces playing out nationally.

Although the prompt did not mention eating disorders, fully 25% of the students wrote about individuals with anorexia or bulimia nervosa. Reading and rereading the essays, I was struck by the difficulty of differentiating between the subjects with eating disorders and those who showed “merely” severely disordered diet, exercise, and thought patterns. What distinguished the former was that they had received a formal diagnosis or had been using the practices for a sustained period of time. In short, the difference appeared to be in degree rather than in kind. Because of the blurred boundaries and easy slippage between disordered eating and eating disorders, I connect the two with a slash (DE/ED).

In a major finding, troubled eating was so normalized among the young people featured as to be simply ordinary behavior, expected of anyone who falls outside the normative weight, or thinks he or she does. Extreme weight-loss practices were common. In the 160 essays, 74% of the subjects engaged at some point in potentially dangerous weight-loss practices such as self-starvation, bingeing and purging, use of extremely low-calorie diets, use of weight-loss pills, laxatives, and/or diuretics, use of cocaine or other strong drugs, and severe dieting coupled with excessive exercising. Another 17% resorted to what might be called disordered practices: obsessive eating or dieting, or vigorous exercising. Almost everyone who was—or thought he or she was—overweight reported emotional disturbances such as depression, anxiety, guilt, and low self-esteem.

Reflecting the importance of the thin, fit body to membership in the category of good, deserving Americans, groups of many kinds policed their boundaries and took steps to “educate” and stigmatize those who did not fit the norm. Indeed, the essays revealed the existence of rejecting fat-talk and other exclusionary practices in virtually every social grouping central to a young person’s existence, from the peer group to the family, kin group, ethnic community, sports team, and health-care team. To my knowledge, this is the first time this disturbing pattern has been identified.

For this article, I have selected for analysis four young Californians of diverse cultural backgrounds whose stories show the connections between rejecting fat-talk and the development of DE/ED with particular clarity. The extraordinary cultural diversity of those targeted for dismissive fat-talk makes clear that the war on fat is an equal-opportunity crusade, leaving none immune to its sting. Although the essays included men with eating disorders linked to abusive fat-talk, I feature women here because their cases showed the linkages more clearly. Because of space limitations, I present only excerpts here; words in brackets are my alterations intended to clarify the meaning.

### Diagnosed at 13—Juliana’s Story

One of the most striking findings in the essays was the power of a medical professional’s diagnosis of overweight or obese to precipitate extreme weight-loss efforts that sometimes turned into an eating disorder. The story of Juliana—a 21-year-old Guatemalan American from Temecula (in Riverside County)—illustrates the kinds

of pressures in a young person's life that can turn a diagnosis of overweight into a different kind of disease altogether.

When I was 13, I became aware that I was overweight because of a visit to the doctor's. Although I wasn't considered obese, I was not as skinny as a girl of 13 years old is expected to be. I remember my pediatrician clearly telling my mother that I needed to eat less and exercise more. I recall her looking at her BMI chart and shaking her head; I knew that I did not fit into the norm for a girl my height. From then on, my weight became a disease and I began counting calories and walking for hours on the treadmill.

My father, a middle-aged, hard-working man, has also struggled with his weight ever since we moved to the U.S. from Guatemala in 2000. Since we began eating out more and consuming more fast food, everyone's weight shifted [upward]. He encouraged me not to eat as much and he began dieting at the same time I was being pressured to be thinner. When I turned 13, I had dropped a lot of weight. I felt accomplished and content to have made my father proud.

In high school, there were times when my mother and I would argue about how little food I was consuming. At times, I would feel sluggish and tired from not eating enough, but I had to be strong. This obsession was taking over my life. There was a point where all I would eat was fruit, until one day when I could not contain my hunger for substantial meals. From that day on, I began eating normally again. [Yet] the guilt has lingered deep within; I still calculate my calorie intake at the end of the day and feel disappointed [in myself].

I worry constantly about how much I am weighing after a meal and if I should not eat the rest of the day. I worry about looking thin, or if I am looking bloated. I must come to terms with the fact that this obsession is only hurting me, but it takes rearranging all of the negative ideas I have built for seven years about my body. Many scholars write about anorexia, bulimia, and other diseases, but my problem—an obsession with food and weight—is ignored. I am afraid that I may never fully recover, [but] will always just be “recovering.” [SC 192]

Juliana's cases reveals the power of medical fat-talk to rearrange bodies and lives. Though physicians do not intend to cause harm, a diagnosis of overweight or obese, especially when accompanied by a doctor's order to alter one's lifestyle, is often life changing because it is issued by a scientific expert, whose label of “abnormal, diseased body” is assumed to be an unquestionable truth. On top of that, the doctor's visit is often the first time that a young person and his or her parents learn that the youngster does not meet the basic standard for a good, normal American child and is at risk for other serious diseases. In this essay, Juliana and her family accept the diagnosis as the scientific truth and make it the basis of a new fat-story about their lives, which they put into action by encouraging good biocitizen practices. Although



Juliana was able to pull back from the edge of self-starvation, she suffers a disease of the self that she fears may never go away.

### An Obsession with Numbers—Tanya’s Story

Sometimes medical fat-talk is delivered indirectly, by parents, who combine health worries with other concerns about their child’s weight into powerful pressures for bodily change. An illuminating case is that of 20-year-old Tanya, a middle-class Chinese American from Monterey Park (in LA County), whose parents’ fat-talk and associated pressures had effects they did not anticipate.

Starting at age 4, I began to put on weight each year until I was 13, weighing 190 pounds at 5’ 6”. I was constantly criticized by my family because in Chinese [communities], there are not many overweight teenagers around. My mom and dad would constantly criticize the foods I was eating and tell me: “Just think about the calories in the pizza you’re about to eat!” Everything to them was a number: my weight, the number of calories, and my BMI.

Because everything was based on numbers, and my weight obviously did not fit into the category of a healthy BMI—doctors were also telling me [that]—my parents were adamant about my losing weight. I was really happy with my own body. I never felt insecure because I never compared myself to the girls I saw in the magazines. However, when my parents started to criticize me, little by little my insecurities started to come out.

Eighth-grade graduation was slowly approaching and I knew I had to lose weight because my mom had been forcing me to do so. I started to eliminate rice from every meal. Pounds started to come off. I started to restrict myself even more, eliminating meat. I lost 20 pounds by the time of graduation. I felt great, but I still wasn’t satisfied. The scale still showed my weight as 170. I wanted to lose even more.

I began high school in the fall of 2004 and started to eliminate more foods. By the end of freshman year, all I would eat was lunch, and [then only] two pieces of wheat bread, a slice of ham, and non-fat mayonnaise. I always paid close attention to the amount of calories in each of the items I bought. I would weigh myself every single day up to senior year to see if I had lost any weight.

By the end of senior year, I had dropped to 134 pounds. [Yet] I still was not satisfied. Every time I looked in the mirror, I still saw the 190-pound Tanya that I was five years earlier. I began to starve myself because some [days] my weight would increase by two or three pounds. I would go days without eating, and my parents really got worried. I didn’t want to admit to myself that I had some sort of problem because I really didn’t believe I did.

[Although I no longer starve myself] I’m still struggling [with my weight].

[SC 28]

The doctor played a minor role in this story, but concerns about weight and health were center-stage. Though young Tanya was happy with her heavy body, her parents' harsh criticisms grew increasingly insistent, until Tanya began to take their story of her life as her own. In taking it on, Tanya created a number-centric narrative about herself, measuring her health and value only in terms of pounds and BMI scores. Although significant weight loss appears to have been appropriate in her case, because her parents were unrelenting and her numbers were never low enough, her project became unstoppable, until she developed many of the signs of anorexia. The starvation diets have ceased, but Tanya seems to have a borderline eating disorder that shows no sign of resolving itself.

### Trying to Fit the Family Norm—Kym's Battles with Weight

Familial weight-teasing and -bullying was extremely common in the essays. Parents and other adult relatives certainly did not set out to harm their kids, but in their efforts to impress on them the importance of thinness to the family's identity and the child's health and future success, they often went overboard. In this essay we meet Kym, a 21-year-old Vietnamese American, whose El Monte family (in LA County) defined thinness as a prerequisite for being one of them.

I was never overweight as a child, but when I hit puberty, I began to put on some pounds. Still, I had not yet reached the threshold of overweight. My mother would often emphasize that a woman's worth is not only her achievements but her looks as well. I remember [her] telling me that it horrified her when she saw people who were obese, and even those who were [only] overweight. She would often ask how they lived with themselves, and tell me that I should never reach that level of obesity. My family would often joke that I would end up like them and die early and it made me extremely guilty and angry. They would often compare me to my friends who were what you could call "stick skinny." Perhaps what happened next was a remnant of that comparison.

In middle school [there was] a time when I did not eat for one whole week. I was actually really proud of myself. I do not quite recall what made me stop, but after eating an apple one day, I got extreme diarrhea. My whole body was trembling and I felt like I was going to pass out. I felt very afraid and figured it was due to the "hunger strike." My next option then was bingeing and purging. This went on for about a month until one day, as I was in the middle of purging, I felt this tremendous strain on my heart. A cold realization came over me and I felt sweaty with chills. An incredible wave of fear washed over me. I promised myself I would never do that again.

When I was older my mom put me on a restricted diet. I was allowed to eat little to no carbohydrate, [only] vegetables, and some meat. Sweets and junk food were out of the question. I was only allowed half a bag of noodles. I remember being hungry a lot. I think my mother sympathized with me, but

only wanted what was best for me. I kept thinking to myself that she did not want a fat child, but a daughter who was beautiful and thin [like her].

When my mom started working, I was elated because I could eat whatever I wanted. I started binge eating and would feel happy at first, but then this awful guilt would kick in and I would just feel so awful. I ate so fast and so hard in that short time frame, that I barely enjoyed [the food]. I felt desperate, almost. I would sometimes sneak food into my room and stash it somewhere [my mom] could not see. I started gaining weight and she threw a fit. I was so unhappy. I felt so desperate for any [way] to lose weight, but I could not bring myself to purge again. The fear was too great.

I would not say that I had or have an eating disorder. However, I do constantly monitor my weight and often feel guilt if I eat more than I should. I am a bit happier but there is always that thought, “if only I could lose a few more pounds I would be happier.” [SC 12]

Kym’s behaviors might not meet threshold criteria for diagnosis of an eating disorder but, subject to unrelenting pressure from her mother, she developed many of the cognitive, bodily, and emotional signs of anorexia and bulimia. Reflecting the biocitizen (or health-centered) discourse of the war on fat, her relatives stressed the deadly consequences of failing to shed pounds. Piled one on top of the other, these incessant comments conveyed the unmissable message that if Kym failed to slim down, she would fail as a woman, risk early death, be shunned by her family and ethnic community, and bring shame on her mother. Kym was fortunate that her body’s protests against the starvation and bingeing scared her into pulling back from the brink of a full-fledged eating disorder. Yet she was left with weight-based fears, obsessions, and feelings of guilt that may be enduring.

### Trying to Become a Real American—Gali’s Efforts to Belong

With all the fat-talk and weight-bullying in American schools, it is difficult for any heavy youngster to feel accepted, but it is especially hard for immigrants. With their citizenship already under question and their skin color not open to change, having an “American body”—which, they quickly learn, means one with no excess fat—is vital to gaining acceptance in their new peer group. Facing intense pressures to have a perfect body, immigrant young people appear to be particularly vulnerable to the development of disturbed eating patterns. In this essay, a cousin describes the struggles of Gali, who was born in Armenia, moved to Pasadena, and wanted only to fit in and feel accepted.

This essay is about someone who was very close to me, my cousin Galina, who came to the U.S. at the age of 12. One day Gali came home from school crying, because students had thrown gum in her hair because she had an accent and couldn’t really keep up in school. She told me that she was always made fun of because of her looks. Gali, who was always thin, started to blame her weight. She would come home crying and I felt helpless.

At 15 Gali began to starve herself. She would look in the mirror every day and say: “I am fat; if I want to have friends in school, I need to be a lot skinnier.” [Although she was] living in a house with nine people, her behavior and relentless hours of exercise went unnoticed. I remember how she would run around the park area, stopping and doing jumping jacks, sit-ups, and [other] exhausting routines. I would go to her room, and I would see her drenched in sweat, lying on the floor fatigued and lifeless.

[Within] a few months, Gali had lost about 15 pounds. She came home from school one day and told me that she had gotten invited by a group of friends for dinner and a movie. She said, “I think it’s all worth it now.” I told her that she needed to start taking better care of herself, before her anorexia got serious. I told her that if she cared for me, she would stop internalizing all this hate towards her body because she was new to this country, she was an immigrant, and the only way to “fit in” in her eyes was to be thin. That night she cried and told me that she had never been so happy.

Two days later Gali was in urgent care with an IV in her, looking emaciated and weak. Even when she was in the hospital for three days, no one [in our family] really paid attention to her but me. After she was released, she continued to abuse her body through constant exercise. She had internalized this sense of anger and didn’t care about anyone or anything.

During high school she was rebellious [and] her weight began fluctuating. I noticed her binging a few times after school with three different bags of chips in her backpack. By the time she graduated from high school, she had gained over 25 pounds. I have not seen my cousin since her graduation, and have no clue if she is even alive. [SC 249]

In this disturbing account, a young immigrant girl who was not even heavy, facing teasing and social marginalization, picked up the dominant cultural theme that equates thinness to success and created a weight-centric narrative about her life in which exclusion by her peer group was due not to her accent but to her “fatness.” This story then legitimized a drastic program of weight loss that included all the characteristic behaviors of anorexia. These extreme behaviors were also a plea to be noticed by her family, who seemed so preoccupied with their own acceptance into American society that they had no time for young Gali. Failing to attract the attention of her loved ones, Gali seems to have abandoned her fat-narrative and turned instead to binge eating to quell the stress. Whether starving or overstuffing herself, Gali’s life seems consumed by disordered relationships to food.

### Connecting the Dots

These essays, and the others I gathered, suggest that young Americans today live in a veritable body-weight panopticon, in which fat-talk is everywhere, shaping how they think, talk, live, and inhabit their bodies. Despite the intentions of the

fat-talkers—to help them become happier, healthier Americans—the essays make clear that regardless of who delivered it, fat-talk telling them they were too fat was deeply damaging to these young people. It was injurious because it was at once an assault on their identity (bad person, unhealthy body, shameful Asian) and a pointed message that they did not deserve to belong to a core social group or to the category of worthy citizens.

The essays, especially of Juliana and Tanya, suggest that the first process of exclusion—through medical fat-talk—was particularly powerful. Though well intended, the physician’s message, especially the diagnosis of weight-related disease, was life altering not just because of its presumed objectivity and authority. It was also powerful because the label placed the young person outside the category of good biocitizens and because, as a representative of the medical establishment, the physician’s words tied the youngster to the official narrative, articulated by the nation’s public health and political leaders, about the fat-induced decline of the nation. Moreover, medical judgments about fat youngsters have spread effects throughout society. Although only the physician could deliver the diagnosis, behind the taunts of peers and others was the silent judgment about the bad health, bad citizenship, and “harm done us all” by the heavy person. The threat of early death issued by Kym’s relatives illustrates this well.

If the medical talk was mostly pedagogical, serving to inform, much of the fat-talk by peers and family bordered on abusive, making this second process of exclusion (from core social groups) difficult to endure. Comparisons to extremely obese adult strangers (in Kym’s case), or practices like sticking gum in the target’s hair (in Gali’s), to say nothing of the countless insults and rude names documented in essays not included here, were deeply damaging. They were harmful because they eroded the targets’ sense of self as a worthy person and worked to marginalize them from important social groups. The targets’ responses—drastic efforts to shrink down—are hardly surprising.

The impact of the message can be traced in part to the young age at which the targets were subjected to the degrading fat-talk. In every case, the demeaning fat-talk intensified around the time of puberty, a highly vulnerable time in a young person’s life. Equally important was the ubiquity of the biocitizenship narrative, something that comes through very clearly in the larger set of essays. The comments of Kym’s or Tanya’s family members, for example, drew their extraordinary power in the girls’ lives from a wider cultural, political, and social environment in which fat-talk is inescapable, so that one comment, which may seem innocuous on its own, is reinforced by another and another and another until the message gains an undeniable truth power.

Because there was no counter-narrative available to the dominant message that fat is bad and fat people must and can lose weight, these young people all accepted the fat-talk they heard as the truth about their bodies and selves. Internalizing the messages from their social worlds, they crafted a narrative in which all their problems were due to their excess pounds and the only solution was to lose that weight in any way possible. Despite the statistical improbability of losing weight and keeping it off, neither the fat-talkers nor their targets questioned the biomyth that the heavy individual was personally responsible for putting on the extra pounds and capable of losing them. All four quickly put the new demand into action, turning to

whatever means was most readily available, whether self-starvation or binging and purging.

Not all developed full-fledged eating disorders. Kym stopped starving and purging when her body rebelled, leaving her with a deep-seated fear of what might happen. Juliana stopped her starvation diet when her craving for real food got the best of her. Although they managed to pull back from the brink, both suffered emotional distress around food and weight from which they may never fully recover. In these essays, Gali was the only one who developed a diagnosed eating disorder. With little social support and no understanding of the seriousness of her condition, Gali faces a future that seems challenging indeed. For all four, the experience of being victimized by fat-talk in their teen years is likely to have lasting effects.

What is ironic is that some of those targeted were not even overweight. Kym and Gali were thin or at a healthy weight. Yet, like the heavier girls (Juliana and Tanya), they, too, were brought down by the accusatory fat-talk and practices pressed on them by their social worlds. The fat-talk associated with the war on fat turned two healthy teens and two overweight teens into unhealthy, disordered-eating or eating-disordered young women with long-term issues around food and weight. This apparent weight-neutrality of the war on fat—its capacity to wreak havoc in the lives of people of every size—deserves more attention.

### Hidden in Plain Sight? A Challenge for the Field

Although we have done a close reading of only four cases, the ethnographic evidence of the direct connections between the fat-talk encouraged by the war on fat, and patterns of disordered eating, some leading to eating disorders, provides powerful support for the notion that the national battle against fat is worsening these eating troubles. Indeed, the essays suggest that the war on fat has not only normalized disordered eating, but valorized it in the name of good (bio)citizenship. The larger set of essays include a great many young people with seriously disturbed dieting and emotional distress over food and weight who, even if they don't meet all the criteria for a formal diagnosis of anorexia or bulimia nervosa, are borderline eating-disordered. Given that the boundaries between disordered eating and eating disorder are essentially arbitrary and easily traversed, the extent of disturbed eating among American youth may be much greater than anyone realizes.

The possibility of a connection is all the more troubling because of the silences in the anti-obesity campaign and the resulting ignorance of the dangers among the general public. The dominant public health message most young people receive emphasizes weight loss above all. The young people whose stories I gathered showed no awareness of the dangers of the extreme methods they used, including the risk of developing a psychically and physically debilitating eating disorder. Indeed, in almost every case, they thought that what they were doing was actually healthy and beneficial and that they were being virtuous biocitizens. And so their distress remained hidden in plain sight, unnamed, unacknowledged, and unattended to.

Anthropologists have critical roles to play in uncovering these hidden dynamics, linkages, and effects. A vastly complex political, scientific, cultural, and moral project, the battle against obesity, especially in childhood, challenges us to study

the war on fat as closely as we have studied the wars on tobacco and HIV/AIDS. Among other things, future research should probe the dynamics of the campaign in other parts of the country (and the world<sup>7</sup>) and tease out differences along lines of gender, race/ethnicity, class, sexuality, and age. To capture these dynamics, we need to broaden the array of eating disorders we study to include EDNOS and other poorly understood conditions. I hope this article stimulates interest in these important topics and future treatment of obesity and DE/ED not as unrelated disorders, but as interconnected points along the full spectrum of eating- and weight-related problems.

## Notes

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1. Austin (2011) has called eating disorders and the constellation of associated perilous weight-control behaviors a “blind spot” in the push for childhood obesity prevention.

2. Despite the problematic nature of these diagnostic terms and criteria, I use them to facilitate communication.

3. Nichter (2000) understands fat-talk as a pervasive speech performance of teenage girls verbalizing their bodily inadequacies. Broadening the term’s meaning enables me to explore how fat-talk circulates around all weight statuses and to connect these everyday communications with the scientific discourse on obesity (Greenhalgh 2015:24–27).

4. Halse (2009), one of the first to use the term “biocitizen” in connection with the war on fat, does not discuss the fitness requirement.

5. Fat bodies are celebrated in some subgroups, including the fat acceptance movement and gay “bears” (Rothblum and Solovoy 2009; Whitesel 2014).

6. The details can be found in Greenhalgh (2015:9, 31).

7. Brewis et al. (2011) show that fat stigma can now be found around the world.

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